

NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS

PO BOX 1928

ALBUQUERQUE NM 87103

www.dws.state.nm.us

STUDENT QUESTIONNAIRE

ONCE COMPLETED, FAX QUESTIONNAIRE AND OFFICIAL SCHOOL SCHEDULE TO:
(505) 222-9246

Name (please print) _____ SS# _____ - _____

Street address _____

City, State & Zip Code _____

You have indicated that you are enrolled in school. New Mexico Statute 51-1-5A (3) provides that a person shall be eligible to receive unemployment benefits only if he/she is able to work, available for work, and actively seeking permanent full-time or part-time (at least 20 hours per week) work in accordance with the terms, conditions, and hours common in the occupation or business in which the individual is seeking work. The purpose of this questionnaire is to assist the Department in determining if you meet these eligibility conditions.

YOU MUST COMPLETE THIS SCHOOL QUESTIONNAIRE AND SEND IN AN OFFICIAL SCHOOL SCHEDULE IN ORDER TO RECEIVE UNEMPLOYMENT COMPENSATION BENEFITS. FAILURE TO PROVIDE THE COMPLETED SCHOOL QUESTIONNAIRE AND YOUR OFFICIAL SCHOOL SCHEDULE WILL RESULT IN A DELAY OR POSSIBLE SUSPENSION OF PAYMENT. A DETERMINATION WILL BE MADE IN 4-6 WEEKS. YOU MAY FAX YOUR OFFICIAL SCHOOL SCHEDULE TO (505) 222-9246.

If you are in a Department-approved training program, such as WIA, you may be eligible to have your work search waived. See your Employment Services Representative at your local Workforce Connection Center for further information about this program. Under the Subsection E of 51-1-5 of the Unemployment Compensation Law, you do not need to make an active work search while you are in Department-approved training. However, you must notify the Department of Workforce Solutions immediately in writing or call 1-877-664-6984 (chose your language option and then select option 5) if you discontinue your approved training.

ALL QUESTIONS MUST BE ANSWERED

- 1. Are you enrolled in training through WIA [] TAA [] OTHER []
2. Name of school or training facility _____
Address _____ Phone _____
City _____ State _____ Zip _____
3. Date semester or training starts _____ ends _____
4. How many hours a week are you in classes? _____ How many hours a week do you study? _____
5. How many hours a week are you available for work, not including hours spent in class and studying? _____
6. What is your customary occupation? _____
What are the customary days and hours of the day you normally work in your occupation? _____

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7. If you are seeking work in a different field, check here.
If YES, what kind of work and what are the customary hours in that occupation?

8. If you are seeking permanent, substantially full-time work or part time work of at least 20 hours per week, check here.
If NO, please explain.

9. If you are attending school 12 credit hours or more per semester, check here.
If NO, how many credit hours? _____

10. If you have other information that would help you establish your availability for permanent, full-time work or part time work or at least 20 hours per week while attending school, please explain.

Regulation 316 provides that, if you are allowed to collect benefits while attending school, you must notify the Department in writing if you add or change any classes during the school term.

All the above information is true and correct to the best of my knowledge and belief. I understand that the law provides penalties for false statements made to obtain or increase the amount of benefits.

SIGNATURE _____ DATE _____